

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155245		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/01/2012	
NAME OF PROVIDER OR SUPPLIER CASTLETON HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 7630 E 86TH ST INDIANAPOLIS, IN 46256			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 23, 24, 25, 26, 27, 30,31, and February 1, 2012</p> <p>Facility number: 000149 Provider number: 155245 AIM number: 100266840</p> <p>Survey team: Connie Landman, RN-TC Diana Zgonc, RN</p> <p>Census bed type: SNF/NF: 64 Total: 64</p> <p>Census payor type: Medicare: 16 Medicaid: 42 Other: 6 Total: 64</p> <p>Stage 2 Sample: 37</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on February 3, 2012 by Bev Faulkner, RN</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0155 SS=D	<p>The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section.</p> <p>Based on record review and interview, the facility failed to ensure resident's rights to refuse the influenza vaccine was honored for 1 of 5 residents reviewed for influenza vaccine in the Stage 2 sample of 37 (Resident # 74).</p> <p>Findings include:</p> <p>The record for Resident #74 was reviewed on 1/30/12 at 2:00 P.M.</p> <p>Diagnoses for Resident #74 included but were not limited to, Dementia, Hypertension, Insomnia, Depression, anxiety, Hyperlipidemia, Dysphagia and Glaucoma.</p> <p>The resident's Power of Attorney (POA) signed the "Influenza Vaccine Administration Consent Form" on admission to the facility on 8/26/11. The POA checked "No"; the influenza vaccine was not wanted at this time.</p> <p>The Influenza/Pneumonia vaccine log provided by Medical Records Director on 1/31/12 at 9:20 A.M., indicated Resident # 74 should not be given the vaccine.</p>	F0155	<p>Element #1 What corrective action(s) will be accomplished for those resident(s) found to have been affected by the deficient practice; It is the policy of this facility to see that all resident(s) consents (to administer or not to administer) the Influenza Pneumonia Vaccine are followed with accordance to (Residents; or Legal Representative) wishes. Resident's #74 (Legal Representative and Physician) was notified about resident receiving the influenza vaccine against her instructions not to give the influenza. Element #2 How will you identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken; All residents have the potential to be affected by this practice. The signed consent stating to administer or not to administer the influenza vaccine will be placed into the residents chart. A medication sheet will be created for the nurse administering the vaccine to sign that she did review consent sheet prior to giving the vaccine. The medication sheet will also state as to the education given to resident and/or legal</p>		02/21/2012		

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	<p>The "Immunization Record and TB Screening/Risk Assessment" provided by Medical Records Director on 1/27/12 at 10:45 A.M., indicated the resident received the Influenza vaccine on 10/1/11.</p> <p>The "Medication Administration Record" (MAR) indicated the resident received the vaccine on 10/1/11.</p> <p>Interview with the Medical Records Director on 1/30/12 at 10:30 A.M., indicated the facility made a mistake and the vaccine should not have been given to this resident.</p> <p>3.1-4(d)</p>				<p>representative prior to administering the vaccine. The D.O.N. or designee will monitor all new admissions to ensure policy is followed. The D.O.N. or designee will also monitor at immunization time October 1st thru March 31st that all consents are followed with accordance to resident's, legal representative wishes along with noting education was given. Element #3 What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; At an all staff in-service given on February 14, 2012 the policy and procedure was reviewed on all aspects of reviewing the signed consent prior to giving the Influenza/Pneumonia Vaccine. Any nurse who fails to comply with said safety guidelines in reviewing consents prior to administering will be progressively disciplined up to and including termination. Element #4How the corrective actions will be monitored to ensure deficient practice will not recur; ie., what quality assurance program will be put into place; and completion date. At the monthly Quality Assurance Meeting tracking of consents and administration of the Influenza/Pneumonia Vaccine will be reviewed. Any patterns will be addressed. If necessary an action plan will be written by the Administrator and monitored</p>		

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					weekly until resolution.		

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F0223 SS=B	<p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on record review and interview, the facility failed to ensure residents were treated with dignity, were free of verbal abuse, and failed to ensure resident's personal property was safe from theft for 3 of 3 investigations reviewed in the Stage 2 Sample of 37 (Residents #77, #93, and #83).</p> <p>Findings include:</p> <p>Three abuse Investigations were provided for review on 1/31/12 at 2:00 P.M., by the Administrator and the following was noted:</p> <p>1. The record for Resident #77 was reviewed on 2/1/12 at 9:30 A.M.</p> <p>Diagnoses included, but were not limited to, muscle weakness, difficulty walking, chronic airway obstruction, anxiety, hypertension, chronic ischemic heart disease, and atrial fibrillation.</p> <p>An incident reported to the DON</p>		F0223	<p>Element #1 What corrective action will be accomplished for those residents found to have been affected by the deficient practice; It is the policy of this facility that every resident is free from verbal, sexual, physical, and mental abuse including corporal punishment and involuntary seclusion. This facility continues to observe, teach and monitor on abuse prevention. All new employees upon hire are check with (3) references, a background check and license review (when applicable). The facility has an ongoing abuse training, in-servicing, which is held a minimum of (4) times annually. Department heads, charge nurses and all staff are in-serviced on recognizing staff burnout. Residents are taught (2) times annually during monthly Resident Council on how to report mistreatment, theft, and all aspect of abuse. Who and how to report with free from reprisal. Postings of contact numbers on reporting concerns and abuse are posted through-out the facility for residents, families and visitors to use. Element #2 How will you identify all residents having the</p>		02/21/2012	

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	<p>(Director of Nursing) and Administrator on 12/15/11, indicated Resident #77 was currently at the hospital due to a fall, but she had related to her daughter she did not want to come back to the facility because the CNA caring for her (CNA #3) and the nurse (LPN #2) were mean to her and yelled at her because she had fallen. An investigation was immediately started, and CNA #3 and LPN #2 were terminated.</p> <p>2. The record for Resident #93 was reviewed on 2/1/12 at 9:35 A.M.</p> <p>Diagnoses included, but were not limited to, osteoarthritis, difficulty walking, knee joint replacement, muscle weakness, and anemia.</p> <p>An incident reported to the Administrator and DON on 8/13/11, indicated the resident reported the night nurse (RN #5) embarrassed her, was rude, and put her knee dressing on too tight. An investigation ensued and RN #5 was terminated.</p> <p>3. The record for Resident #83 was reviewed on 2/1/12 at 9:20 A.M.</p> <p>Current diagnoses included, but were not limited to, Alzheimer's Disease,</p>		<p>potential to be affected by the same deficient practice and what corrective action will be taken; All residents have the potential to be affected by possible abuse. The facility will continue to teach and monitor and encourage all to report any and all alleged or actual abuse. The facility will continue to follow its Abuse Policy and Procedures. The Social Service Director or designee will continue to monitor and interview residents on concerns and treatment by staff, visitors or other residents, (2) times weekly, any concerns during these monitoring or interviews with be immediately reported to the Administrator for investigation and follow up. Element #3 What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; At an all staff in-service held February 14, 2012, the Administrator reviewed all Policies and Procedures on resident abuse and prevention. Residents rights and staff burnout were also reviewed. All staff were instructed that the Administrator must be notified immediately on all allegations or reports of abuse. Element #4 How the corrective actions will be monitored to ensure the deficient practice will not recur; ie what quality assurance program will be put in place; and completion date. While the facility recognizes that it cannot control</p>				

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	<p>gastroesophageal reflux disease, depression, anxiety, fibromyalgia, hypertension, and Vitamin D deficiency.</p> <p>An incident on 3/26/11, witnessed by the weekend supervisor was immediately reported to the Administrator and Director of Nursing (DON). The resident was noted to be crying as she was being propelled to the dining room by CNA #4. CNA #4 was working in another area that day, and told the supervisor she was just helping out. The supervisor asked Resident #83 what was wrong, and the resident replied her wedding ring and engagement rings were missing off her finger. The supervisor noted her ring fingers were red and had the indentations of the rings present. The supervisor was instructed to call the police, which she did. The supervisor instructed the CNA to remain so she could be interviewed by the police, but she left the facility without notice to the supervisor. CNA #5 was terminated.</p> <p>During an interview with the DON on 2/1/12 at 10:00 A.M., she indicated if there ever is any doubt as the result of an investigation, the employee is terminated.</p>			<p>the actions of others, it can keep in place all measures to assist in the prevention of resident abuse. At the monthly Quality Assurance Meetings tracking of all previously reported or reports of alleged abuse will be discussed. Any patterns or concerns will be addressed. If necessary an action plan will be written by the administrator and monitored weekly until resolution.</p>			

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	<p>These incidents were investigated thoroughly and interviews were done. The residents were assessed and care plans updated as appropriate. The CNAs and nurses had been removed from the building immediately pending the investigation results. The proper state agencies and responsible parties were notified of the incidents.</p> <p>3.1-27(b)</p>						

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F0279 SS=D	<p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to ensure health care plans were individualized for 1 of 22 residents reviewed for individualized care plans, and failed to ensure care plans were developed with new pressure areas for 1 of 22 residents who were reviewed for development of care plans in a Stage 2 Sample of 37 (Residents #78 and #91).</p> <p>Findings include:</p> <p>1. The record for Resident #78 was reviewed on 1/30/12 at 8:45 A.M.</p> <p>Current diagnoses included, but were</p>		F0279	<p>Element #1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; It is the policy of this facility that comprehensive care plans are developed which measures objective and timetables to maintain the highest practicable physical, mental, psychosocial wellbeing, along with medical, nursing needs to be identified in the comprehensive plan of care. Resident #78 Activity Assessment was re-written to reflect his "individual interests." Resident #91 redness to her foot has resolved. Resident #48's (Legal Representative) and (Physician) were notified about resident #48 receiving the</p>		02/21/2012	

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	<p>not limited to, delirium, history of MS (multiple sclerosis), HTN (hypertension), hypercalcemia, DM (diabetes mellitus), trigeminal neuralgia, and constipation.</p> <p>The Activity Assessment, 11/25/11, indicated Resident #78 enjoyed specific cards and games, exercise, walking and wheeling outdoors, shopping, TV, radio, movies. It also indicated he did not care for groups/organizations, arts/crafts, religious events, outings or trips.</p> <p>The Activities care plan, dated 12/7/11, did not note the resident's individual interests, just "invite" him to activities," likes to stay in room". The care plan interventions do not indicate activity preferences.</p> <p>During an interview with Resident # 78 on 1/24/12 at 9:30 A.M., he indicated he attended some activities, but spent most of his time in his room because there wasn't much to do.</p> <p>2. Resident #91's record was reviewed on 1/27/12 at 1:20 P.M.</p> <p>Current diagnoses included, but were not limited to, right hip fracture, hx DVT (deep vein thrombosis), GERD</p>			<p>influenza vaccine even though the (Legal Representative) requested not to give the influenza vaccine. Element #2 How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; A facility wide audit was completed to insure that resident care plans are in accordance to their physical, mental, psychosoical wellbeing, along with their medical, nursing needs. The D.O.N. or designee will continue to monitor (10) resident's care plans weekly until 100% compliance is met x's (4) weeks. Any inaccuracies will be corrected immediately. Element #3 What measures will be put into place or what systemic changes you will make to insure that the deficient practice does not recur: At an all staff held February 14,2012 in-service comprehensive care plans and the purpose and need to measure objective to maintain the highest practicable physical, mental and psychosocial wellbeing, along with medical, and nursing needs was reviewed. Element #4 How the corrective actions will be monitored to ensure the deficient practice will not recur; ie what quality assurance program will be affected by the deficient practice; At the monthly Quality Assurance meeting monitoring results of care plans will be reviewed. Any patterns will be</p>			

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	<p>(gastroesophageal reflux disease), right lung nodule, hypothyroidism, Parkinson's Disease, depression, and CAD (coronary artery disease).</p> <p>During review of Resident #91's record, documentation was present indicating the resident had an open area to her right foot,</p> <p>Physician's orders indicated: 1/8/12, Bactroban ointment to open area (red) every day and as needed (for) soilage, apply 2 x 2 dressing x 7 days and re-evaluate. 1/12/12, Bactroban ointment to right foot 1/18/12, discontinue treatment to right foot - area resolved.</p> <p>The Initial Wound visit form, dated 1/11/12, indicated "Pt recently developed tender/red area to R (right) dorsal foot. Current tx (treatment) Bacitracin with no change." Wound progress note of 1/11/12 included: "0.6 x 0.8 x 0.1 (centimeters) = date of etiology 1/5/12. Question of cellulitis."</p> <p>The resident's Admission Assessment, dated 12/15/11, indicated "Rt foot bunion area" (does not indicate a problem with it) "1+ (plus) right foot edema."</p>			addressed. If necessary an action plan will be written by the Administrator and monitored weekly until resolution.			

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	<p>The current care plan, dated 1/20/12, addressed edema to the resident's right foot and also indicated she was at risk for skin alteration.</p> <p>During an interview on 1/30/12 10:50 A.M., the DON (Director of Nursing) indicated she was unable to find a care plan addressing the red area to Resident #91's right bunion. During an interview with the ADON (Assistant DON) on 1/30/12 at 11:00 A.M., she indicated "we should have had a care plan addressing the area which was caused by her shoe."</p> <p>3.1-35(a)</p>						

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F0334 SS=D	<p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p>						

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NAME OF PROVIDER OR SUPPLIER CASTLETON HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 7630 E 86TH ST INDIANAPOLIS, IN 46256			
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	<p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>Based on record review and interview, the facility failed to ensure a resident received only 1 influenza vaccine and failed to ensure a resident's right to refuse the influenza vaccine was honored for 2 of 5 residents reviewed for influenza vaccines in a Stage 2 sample of 37 (Resident # 48 & Resident # 74).</p> <p>Findings include:</p> <p>1. The record for Resident # 48 was reviewed on 1/30/12 at 10:00 A.M.</p> <p>Diagnoses for Resident # 48 included</p>		F0334	<p>Element #1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; It is the policy of this facility to ensure that all residents receiving the influenza vaccine that consents are followed in accordance with the resident's or resident's legal representative desires. It is also this facility policy to ensure the resident receive only one influenza vaccine annually. Element #2 How will you identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken; All residents have the potential to be affected by this practice. Resident # 48's legal representative and physician was</p>		02/21/2012	

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	<p>but were not limited to, Transient Ischemic Attack, Hypertension, Diabetes, Alzheimers, Hyperlipidemia, Vitamin D Deficiency, Coronary Artery Disease.</p> <p>Review of the nurses notes on 10/2/11 at 5:00 P.M., indicated the resident had been given the influenza vaccine in the right deltoid by LPN # 1.</p> <p>Review of the nurses notes on 10/2/11 at 10:00 P.M. indicated the resident had been given the influenza vaccine in the left deltoid by LPN # 2.</p> <p>During an interview with the Director of Nursing on 2/1/12 at 10:00 A.M., information was requested about the resident receiving 2 influenza vaccines. She indicated at that time, we did the whole building in 3 days and LPN # 2 had been terminated.</p> <p>At the time of exit on 2/1/12 at 12:00 P.M., no further documentation was provided about Resident # 48 receiving 2 influenza vaccines.</p> <p>2. The record for Resident #74 was reviewed on 1/30/12 at 2:00 P.M.</p> <p>Diagnoses for Resident #74 included but were not limited to, Dementia,</p>			<p>notified about receiving (2) influenza vaccines. Resident #74's legal representative and physician was notified about receiving the influenza vaccine even though the signed consent stated not to give. Going forward, the signed consent stating to give or not to give the influenza vaccine will be placed into the residents chart. A medication sheet will be created for the nurse giving the vaccine to sign that she did review consent sheet prior to giving the vaccine. The medication sheet will also reflect that education was given to resident, POA, and or legal guardian. The D.O.N. or designee will monitor all new admissions to ensure policy is followed. The D.O.N. or designee will also monitor at immunization time October 1st thru March 31st that all consents are followed with accordance to resident's or legal representative wishes and that education given. Element #3 What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; At an all staff in-service give on February 14, 2012 the policy and procedure was reviewed on all aspects of reviewing the signed consent prior to administering the Influenza/Pneumonia Vaccine. Any nurse who fails to comply with guidelines in reviewing consents prior to administering Influenza/Pneumonia Vaccine will</p>			

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	<p>Hypertension, Insomnia, Depression, anxiety, Hyperlipidemia, Dysphagia and Glaucoma.</p> <p>The resident's Power of Attorney (POA) signed the "Influenza Vaccine Administration Consent Form" on admission to the facility on 8/26/11. The POA checked "No"; the influenza vaccine was not wanted at this time.</p> <p>The Influenza/Pneumonia vaccine log provided by Medical Records Director on 1/31/12 at 9:20 A.M. and indicated Resident # 74 should not be given the vaccine.</p> <p>The "Immunization Record and TB Screening/Risk Assessment" provided by Medical Records Director on 1/27/12 at 10:45 A.M., indicated the resident received the Influenza vaccine on 10/1/11.</p> <p>The "Medication Administration Record" (MAR) indicated the resident recieved the vaccine on 10/1/11.</p> <p>Interview with the Medical Records Director on 1/30/12 at 10:30 A.M., indicated, the facility made a mistake and the vaccine should not have been given to this resident.</p> <p>3.1-13(a)</p>			<p>be progressively disciplined up to and including termination.</p> <p>Element #4 At the monthly Quality Assurance Meeting tracking of consents and administration of the Influenza/Pneumonia Vaccine will be reviewed. Any paterrens will be addressed. If necessary an action plan will be written by the Administrator and monitored weekly until resolution.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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